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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/0730,712</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	<i>AS FILED 5-26-05</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<i>5-26-05</i>
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Total Claims	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>

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